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DEPARTMENT OF STATE A/CDC/MR

REVIEWED BY _____ DATE 31 DEC 1987

RDS ☐ or XD ☐ EXT. DATE _____

TS AUTH. _____ REASON(S) _____

ENDORSE EXISTING MARKING ☐

DECLASSIFIED ☐ RELEASABLE ☒

RELEASE DENIED ☐

PA or FOI EXEMPTIONS _____